

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6	1					
7		1				
8		2				
9		2				
10		1				
11	1					
12		1				
13		2				
14		2				
15		2				
16	1					
17		1				
18		2				
19		2				
20		1				
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49						
50						
TOTAL IND.	4					
TOTAL DEP.	24					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						